APPENDIX "A"

GRANTS PASS DEPARTMENT OF PUBLIC SAFETY

101 NW A Street Grants Pass, OR 97526 541-474-6370 Fax 541-476-8527

IDENTITY THEFT REPORT

Case #:	
Date / Time Reported:	
Date / Time Occurred:	
Venue / Location:	
(Where were the charges ma	ade from and where were the items delivered to)
Victim:	DOB:
Address:	Phone#:
Email Address:	Cell Phone#
Bank / Debit / Credit Card:	i.e., MasterCard, Visa, Discovery, etc)
Account / Card Number:	
Total dollar amount of charges (list or	attach printouts to form):
Company or Companies items were or	rdered from (list or attach printouts to form):

Suspect Information (include email address):		
Provide any information on how this suspect may have sidentity to receive goods and/or services and any other is investigation of this case:		
Referrals: Other Law Enforcement Agency (list name, address, pho	one, and office	er, if applicable):
GPDPS Detective Division: See attached investigative	request form:_	
Assigned Primary Officer:		
Name	DPSST	Date/Time